

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	AN	917	07-17-01
<b>FORMALITY REVIEW</b>	17FS	1127	07-17-01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ Rejected  
 = Allowed  
 - (Through numeral)... Canceled  
 ÷ Restricted

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Date to issue  
 Appeal  
 Objected

Claim	Date
Final	02
Original	02
1	✓
2	✓
3	✓
4	0
5	0
6	0
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	0
15	0
16	0
17	
18	
19	✓
20	0
21	0
22	0
23	✓
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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